PART B - FEE(S) TRANSMITTAL

MW 1 1 JULY 18		her with applicable	or <u>Fax</u>	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents inia 22313-1450	
INSTRUCTIONS. This fappropriate of further conditioned balless corrected multiplication for notification	orm should be used forrespondence including the below or directed othous.	or transmitting the ISSI ag the Patent, advance of cerwise in Block 1, by (UE FEE and PUBLIC orders and notification a) specifying a new c	CATION FEE (if requ of maintenance fees v orrespondence address	will be mailed to the curren and/or (b) indicating a sep	should be completed when it correspondence address as parate "FEE ADDRESS" for
THOMAS H. Close Patent : Legal Staff Eastman Kodak Company 343 State Street				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Rochester, NY 14650-2201				(Depositor's name)		
						(Signature)
APPLICATION NO.	FILING DATE	.	FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/602.427 06/24/2003 Gabriel Fielding 85512BMW 9670 TITLE OF ENVENTION: SYSTEM AND METHOD FOR ESTIMATING, SYNTHESIZING AND MATCHING NOISE IN DIGITAL IMAGES AND IMAGE SEQUENCES						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	so	\$1700	06/25/2007
EXAMINER ART UNIT			CLASS-SUBCLASS			
: Change of corresponden		2624	382-275000			
CFE 1.363). L Change of correspon Address form PTO/SB/1 L Foc Address" indica PTO/SB/4": Rev 03-02 Number is required. 3. ASSIGNEF NAME ANI	ation (or "Fee Address" or more recent) attache	Indication form ed. Use of a Customer	or agents OR, alten (2) the name of a s registered attorney 2 registered patent listed, no name will	single firm (having as a member a by or agent) and the names of up to at attorneys or agents. If no name is sill be printed.		
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set tenth in 17 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAMI OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 343 STATE STREET, ROCHESTER, NY 14650-2201 Please check the appropriate assignce category or categories (will not be printed on the patent):						
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Lissue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance: Order - # of Copies Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (15.000).						
5. Change in Entity Status a. Applicant claims S	MALL ENTITY status	. See 37 CFR 1.27.	☐ b. Applicant is no	longer claiming SMAI	.L ENTITY status. See 37 Cl	FR 1.27(g)(2).
NOTE. The Issue Fee and P interest as shown by the rec	ublication Fee (if requi ords of the United State	red) will not be accepted s Patent and Trademark	I from anyone other the Office.	ın the applicant; a regi	stered attorney or agent; or th	ne assignee or other party in
Authorized Signature David A. Movais Jand Date JUNE 11, 2007 Toped or printed name DAVID A. HOVAIS Registration No. 33, 324						07
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